

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000081

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JAN 31 1963

3002

31

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Length of stay in 1b 4 days	c. CITY OR TOWN Montgomery City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain County Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 719 N. Walker Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Grace Middle Ma Last Hoffman		4. DATE OF DEATH Month January Day 20 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-10-1903
9. AGE (last birthday) 59		IF UNDER 1 YEAR Months 59 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Malta Bend, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Ruben Richard	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) NO		16. SOCIAL SECURITY NO. Montgomery City, Mo.	
17. INFORMANT R. T. Hoffman		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 7:50 a.m. pm Month, Day, Year 7-22-60	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Montgomery City, Missouri		20g. COUNTY Montgomery STATE Missouri	
21. I attended the deceased from 7-22-60 to 1-17-63 and last saw her alive on 1-17-63 Death occurred at 7:50 pm on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Lawrence K. Apple MD (Degree or title)	
22b. ADDRESS Mexico Mo		22c. DATE SIGNED 1-22-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-23-1963	
23c. NAME OF CEMETERY OR CREMATORY Montgomery City Cemetery		23d. LOCATION (City, town, or county) (State) Montgomery City, Missouri	
24. FUNERAL DIRECTOR Schlanker Funeral Home		25. DATE REC'D. BY LOCAL REG. Jan 26-1963	
26. REGISTRAR'S SIGNATURE Blanche Neely			

USE BLACK INK

OR TYPEWRITER RIBBON

Lawrence K. Apple MD

Permit obtained

1-20-63

B.A.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

E. Boone Schlanke

Licensed Embalmer No.

4136

P. O. Address

Montgomery City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.